



REQUEST FOR PAYROLL SUPPLEMENT

Print Employee Name: _____ Date: _____

Employee Number: _____ DOI: _____ Dept: _____

TO QUALIFY FOR PAYROLL SUPPLEMENT:

1. Must have sustained a compensable, job-related injury.
2. Must report the injury, if physically able to do so, to his/her immediate supervisor before the end of the shift or first manifestation of a disease and timely complete an incident report.
3. Must not have been engaged in horseplay at the time of the injury.
4. Must not have been attending to personal matters at the time of injury.
5. Must not have violated any City or department safety standard or procedure.
6. In the event of an overpayment, the employee must agree to reimburse the overpaid amount to the City, or future payroll supplement payments will be suspended and the employee will be subject to disciplinary action.

PAYROLL SUPPLEMENT CEASES UNDER THESE CONDITIONS:

1. When the employee returns to work full duty.
2. All paid leave benefits have been exhausted.
3. The employee is no longer receiving Temporary Income Benefits (TIBs).
4. The employee retires, resigns, is laid off, is dismissed from employment, or dies.
5. The employee falsifies or misrepresents his/her physical condition or capacity of disability.
6. The employee refuses to return to duty after being released by treating physician to restricted/light or full duty.
7. The employee is found working at another job without the prior approval of Human Resources.
8. The employee refuses to accept or perform a different job within the City that is within his/her physical capacity to perform and for which he/she is qualified or will be trained.

I understand that if I am approved, the payroll supplement will pay a portion of lost time due to the injury, until all paid leave benefits have been exhausted. I understand the total amount of money that I receive from workers' compensation and payroll supplement shall not exceed my regular wages not including overtime.

In the event of any overpayment in payroll supplement the City shall deduct the overpayment from future paycheck(s). If I separate from employment while an overpayment exists, the City shall deduct the total overpayment due from my final paycheck.

EMPLOYEE'S SIGNATURE _____ DATE _____

RECEIVED BY _____

DATE _____